## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH** CHILD CARE FACILITY INSPECTION REPORT GRADE REASON Inspection Date: ESTABLISHMENT NAME: 07/51/208 SANCTUARY MALE EMERGENCY SHELTER Regular Time In/Out: OWNER/OPERATOR: Follow-Up Complaint SANCTUARY, INC. 2:00PM 3:15PM RATING LOCATION: Investigation Sanitary Permit No.: CHALLEN PAGO Other: PERMIT STATUS: ✓\_ Valid 4 Male 0 Female 0 Total No. of Children: . ITEM\* **REMARKS** SOME ITEMS FROM THE FOLLOWING WEDE OBSERVED TOWAY: 31. MUSSING FLOOR TIVES IN RESTROOM 2 VIOLATION.

Establishment Type: FGOC Temporary **Expired** Child Care License: No.: 10190 // Valid / / Provisional / / Expired The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date. DEMERIT CORRECT BY A REGULAR INSPECTION WAS CONDUCTED TODAY. PROVIOUS INSPECTION PEULTED IN A GRADE PATTING OF PROJOUS VIOLATION (#31) WERE WERE POUND \* REPORT ALL AREAS, PACILITIES, AND EQUIPMENT STALL BE KEPT IN A GOOD CTATE OF REPAIR TO PREVIOUS PHYSICAL HAZAROS/INLYRIES. PHOTOS WERE TAKEN. REMOVED PLACARD "A" NO. 03057. "A" NO. 02762 IN THE FOYER AREA. DISCUSSED THIS REPORT WITH LETLANT GILTINAG. REBIDENTIAL SUPERVISOR CASE MANGEER, I have read and understand the above violation(s) and I am aware of the corrective measures to be taken. Received By (Name & Title): \*Note: When any of the following items are cited above, they shall be corrected within LELANI GILTINAS /CASE MANAGER 10 days of this inspection: DEH Inspector (Name & Title)/ (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). V. RAYMUNDO, OPHO I 30-9570 Rev: 08/2/05 DEH-06 White Copy - DEH Yellow Copy - Establishment